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Application #: 7980  
Date Approved: 2/20/02

Commonwealth of Massachusetts - Board of Registration in Medicine  
10 West Street, Third Floor, Boston, Massachusetts 02111 - www.massmedboard.org

### RENEWAL APPLICATION - LIMITED LICENSE

**IMPORTANT:** Please read the accompanying instructions before completing this form, and print legibly or type your answers.

**SECTIONS "A" AND "C" ON PAGE 2 ARE TO BE COMPLETED BY APPLICANT.**

#### SECTION A:

- Name: (Last) BADGAIYAN (First) RAJENDRA (MD) D  
Telephone Number: 617-623-1140
- Mailing Address: 122-A, Sycamore St.  
City: Somerville State: MA Zip: 02145
- Name of Training Hospital: BROCKTON VA MEDICAL CENTER
- Current Limited License Number: 7980
- Other states (abbreviations) where you are now licensed to practice medicine. Indicate whether full license (F) or residency or training license (L). ☐ (F) ☐ (L) ☐ (F) ☐ (L) ☐ (F) ☐ (L) N/A

#### SECTION B: To be completed by program director.

Has the physician been subject to past or pending disciplinary action in this program? ☐ Yes ☒ No

I hereby certify that the above-named physician is in good standing in the training program.

Print Name: GRACE J. MUSHRUSH, M.D. Date: 2/14/02

Signature of Program Director: Grace J. Mushrush MD Telephone: 508-583-4500 x2457

To be completed and signed by the designated official of the institution at which the applicant has received an appointment.

This certifies that RAJENDRA BADGAIYAN has been appointed  
(Name of Applicant)

to the position of: ☐ Intern ☒ Resident ☐ Fellow as a PGY IV  
Harvard So. Shore Psychiatry Residency Training Program at

Hospital Name: BROCKTON VA MEDICAL CENTER Specialty: PSYCHIATRY

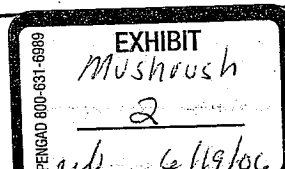
Beginning Date: 8/31/98 Anticipated Completion Date of Training: 10/18/2003

Is the program accredited by the ACGME:

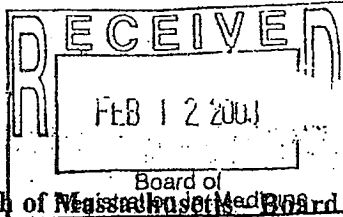
If no, is there an approved ACGME program in applicant's specialty?

Grace J. Mushrush, M.D., Asst. Chief of Psychiatry for  
Designated Official: Education & Director, HSSPRT Telephone: 508-583-4500  
(Print Name) (Title)

Designated Official's Signature: Grace J. Mushrush MD Date: 2/14/02  
(Signature)



BRM0047



Application #: 7980  
 Date Approved: 2/13/03

Commonwealth of Massachusetts Board of Registration in Medicine  
 560 Harrison Avenue, Suite #G-4, Boston, MA 02118 - www.massmedboard.org

### RENEWAL APPLICATION - LIMITED LICENSE

**IMPORTANT:** Renewal fee is \$100.00. Please read the attached instructions before completing application.

**SECTIONS "A" AND "C" ON PAGE 2 ARE TO BE COMPLETED BY APPLICANT.**

#### SECTION A:

- Name: (Last) BADGAIYAN (First) RAJENDRA (MI) D  
 Telephone Number: 617-623-1140
- Mailing Address: 122-A, Sycamore St.  
 City: Somerville State: MA Zip: 02145
- Name of Training Hospital: BROCKTON VA MEDICAL CENTER
- Current Limited License Number: 7980
- Other states (abbreviations) where you are now licensed to practice medicine. Indicate whether full license (F) or residency or training license (L). ☐ (F) ☐ (L) ☐ (F) ☐ (L) ☐ (F) ☐ (L)

#### SECTION B: To be completed by program director.

Has the physician been subject to past or pending disciplinary action in this program? ☐ Yes ☒ No

I hereby certify that the above-named physician is in good standing in the training program.

Print Name: GRACE J. MUSHRUSH, M.D. Date: 2/15/2003

Signature of Program Director: Grace J. Mushrush, MD Telephone: 508-583-4500 x2457

To be completed and signed by the designated official of the institution at which the applicant has received an appointment.

This certifies that RAJENDRA BADGAIYAN, MD has been appointed  
 (Name of Applicant)

to the position of: ☐ Intern ☒ Resident ☐ Fellow as a PGY IV

Harvard So. Shore Psychiatry Residency Training Program at  
 Hospital Name: BROCKTON VA MEDICAL CENTER Specialty: PSYCHIATRY

Beginning Date: 1/1/03 Anticipated Completion Date of Training: 12/31/03

Is the program accredited by the ACGME: ☒ Yes ☐ No

If no, is there an approved ACGME program in applicant's specialty? ☐ Yes ☐ No

Designated Official: Grace J. Mushrush, M.D., Asst. Chief of Psychiatry for  
 Education & Director, HSSPRTT Telephone: 508-583-4500  
 (Print Name) (Title)

Designated Official's Signature: Grace J. Mushrush MD Date: 2-15-03  
 x2457

